

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Wheel Transportation LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: David Ryan Gatlin

Telephone: 803-727-2015

Address: 1532 Witts End

Fax: _____

Little Mountain

Other: _____

South Carolina 29075

Email: gatlindavid@att.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: Jan. 2nd, 2022

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Wheel Transportation LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1532 Witts End, Little Mountain S.C. 29075
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-727-2015
Phone Fax

gatlindavid@att.net
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0 <input type="text"/>	Mortgage/Loan on Real Estate	0 <input type="text"/>
Value of Motor Vehicles	0 <input type="text"/>	Loans Owed on Motor Vehicles	0 <input type="text"/>
Cash on Hand	0 <input type="text"/>	Business/Other Loans Owed	0 <input type="text"/>
Cash in Bank	0 <input type="text"/>	Other Liabilities or Debts	0 <input type="text"/>
Value of Other Assets and Equipment	0 <input type="text"/>	Total Liabilities	<input type="text"/>
Total Assets	<input type="text"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Kind of Charge	Weekday fee	Off hours/ weekend fee	Holiday fee
Base fee- ambulatory patient	25\$- 30\$	30\$-40\$	35\$-45\$
Base fee- wheelchair patient	45\$-50\$	75\$-90\$	85\$-100\$
Additional fee for mileage	3\$- 5\$ per mile	5\$-7\$ per mile	5\$- 10\$ per mile
Wait time fee per 30 min.	15\$- 30\$	15\$- 30\$	15\$- 30\$

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input checked="" type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input checked="" type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input checked="" type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input checked="" type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input checked="" type="checkbox"/> Fairfield	<input checked="" type="checkbox"/> Laurens	<input checked="" type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Wheel Transportation LLC

Name of Applicant

1532 Witts End, Little Mountain S.C. 29075

Address of Applicant

Amount of Premium:

Liability Insurance \$ 2771.90

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	\$ 1,000,000
Medical Payments per Person	\$ 1,000	\$ 5,000

Western World Insurance Group

Name of Insurance Company

300 Kimball Dr.- Suite 500, Parsippany N.J. 07054

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

David Ryan Gatlin

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Dail Math - Dec 22, 2021
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Lexington)

SWORN TO BEFORE ME
This 22nd day of December 20 21

Stephanie L. Bradley
Notary Public

Commission Expires May 1st, 2027

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Wheel Transportation LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 11th, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 7th day
of December, 2021.


Mark Hammond, Secretary of State

Date: 12/20/2021

Quote No: Q4079993-01

Page 1 of 5



3000 Riverchase Galleria, Ste. 700
Birmingham, AL 35244
Phone: 205-988-9650
Website: www.burnsandwilcox.com

To:
Attn:
From: **Kirkland Hines**
Applicant: **Wheel Transportation, LLC**
State: **SC**
Policy Type: **CGL and Professional Liability**
Policy Period: **12/17/2021 - 12/17/2022**

PLEASE BIND EFFECTIVE

Circle Desired Premium Option(s)
Below. No coverage is bound until
confirmed by our office! Quote is
Valid for 60 DAYS.

Signature

Premium Summary

General Liability	\$2,363.00
Total Premium	\$2,363.00
Total Fees	\$252.00
Total Taxes	\$156.90
Grand Total	\$2,771.90

Fees & Taxes

Policy Fee	\$200.00
Inspection Fee	\$52.00
SL Tax	\$156.90
Commission	%

Quoted By

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

We offer the following quote subject to:

Fully completed and signed Western World Application(s) listed in the Application List.

Application List

App No	ED Date	Application Name
A13	01/17	Emergency and Non-Emergency Medical Transport Paramedics, EMTS and First Responders General Liability and Professional Liability Supplemental Application

Location Information

Location	Address
P1/B1	1532 Whitts End, LITTLE MOUNTAIN, SC 29075

Date: 12/20/2021

Quote No: Q4079993-01

Page 2 of 5

Products-Completed Ops Aggregate Limit	Included
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You	\$100,000
Medical Expense Limit	\$5,000 Any One Person
Each Professional Incident Limit (if applicable)	\$1,000,000
Deductible	\$250 BI/PD

Exposure

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
W1204	Non-Emergency Transportation Vans or Ambulettes - For-Profit (SC P1/B1)	# of Vehicles	1	Included	Included	1613.4783	1,613.00
OC350	Loading and Unloading of People (SC P1/B1)	Limit	0			750.00	750.00

Additional Coverage Notes**WW168 (06/12) Cancellation And Premium Audit Changes**

Minimum and Deposit Premium % : 100

WW183 (05/12) Minimum-Earned Premium

% : 25

Additional Premium for Certified Acts of Terrorism Coverage: \$236.00 plus tax.

Date: 12/20/2021

Quote No: Q4079993-01

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Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
<u>CG0001</u>	04/13	Commercial General Liability Coverage Form
<u>CG2107</u>	05/14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
<u>CG2111</u>	06/15	Exclusion - Unmanned Aircraft (Coverage B Only)
<u>CG2132</u>	05/09	Communicable Disease Exclusion
<u>CG2136</u>	03/05	Exclusion - New Entities
<u>CG2147</u>	12/07	Employment-Related Practices Exclusion
<u>CG2167</u>	12/04	Fungi or Bacteria Exclusion
<u>CG2426</u>	04/13	Amendment of Insured Contract Definition
<u>IL0017</u>	11/98	Common Policy Conditions
<u>IL0021</u>	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
<u>ILP001</u>	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
<u>NTCFR01</u>	10/20	Notice to Policyholders Fraud Notice
<u>WW1</u>	06/12	Deductible Endorsement
<u>WW13</u>	06/12	Classification Limitation
<u>WW168</u>	06/12	Cancellation And Premium Audit Changes
<u>WW183</u>	05/12	Minimum-Earned Premium
<u>WW192</u>	04/13	Premium Basis Endorsement
<u>WW218</u>	01/13	Maximum Limit of Liability
<u>WW22</u>	06/16	Service of Suit
<u>WW220</u>	10/16	Professional Liability Coverage
<u>WW230</u>	06/17	Common Policy Declarations
<u>WW232</u>	01/12	Commercial Liability Coverage Part Declarations
<u>WW244</u>	01/16	Temporary Worker Bodily Injury Exclusion
<u>WW397</u>	11/10	War Liability Exclusion
<u>WW401</u>	08/19	Total And Absolute Asbestos Exclusion
<u>WW424</u>	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
<u>WW456</u>	01/12	Commercial General Liability Amendatory Endorsement
<u>WW497</u>	01/18	Notice - Claim Reporting
<u>WW513</u>	06/20	Loading And Unloading Of People Sublimit Of Insurance Endorsement
<u>WW615SC</u>	07/19	South Carolina Changes - Cancellation and Nonrenewal

If the insured accepts Certified Acts of Terrorism Coverage for General Liability and pays the appropriate premium the following endorsements apply:

- o TRIA 0003 - EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM: CAP

following endorsements apply:

- TRIA 0004 - EXCLUSION OF CERTIFIED ACTS OF TERRORISM

If the insured accepts Certified Acts of Terrorism Coverage for Professional Liability and pays the appropriate premium the following endorsements apply:

- TRIA 0003 - EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

If the Insured rejects Certified Acts of Terrorism Coverage for Professional Liability and does not pay the appropriate premium the following endorsements apply:

- TRIA 0004 - EXCLUSION OF CERTIFIED ACTS OF TERRORISM

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE
(RIGHT TO PURCHASE COVERAGE)**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

- ☐ I hereby elect to purchase terrorism coverage for prospective premium of \$236.00
- ☐ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism

Wheel Transportation, LLC	
Policyholder/Applicant's Signature	Account Name